



Kansas Department of Health and Environment
Center for Health and Environmental Statistics
Office of Health Care Information
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**Vital Statistics
Data Request
Form**

Name: _____ Organization: _____

Address: _____

Phone number: _____ Fax number: _____ E-mail: _____

Data Wanted: ☐ **Public Use** (Aggregate) ☐ **Restricted** (records w/o identifiers) ☐ **Confidential** (records w/identifiers)
Complete Questions 1 & 7 Complete Questions 1 through 7 Complete Questions 1 through 7

1. What type of data would you like to obtain? List data elements needed. Describe the level of detail of data requested.

2. Describe proposed project/study: _____

3. Purpose of project/study: _____

4. Has this project or study protocol been approved by an internal review board? ☐ Yes ☐ No ☐ N/A

5. a. Describe proposed use and/or release of the data: _____

b. If data are to be released, how? _____

6. a. Describe data security procedures you or your organization will follow, and name of person responsible for security of data: _____

b. Who has access to the data? _____

7. **Delivery Format:** ☐ Hard copy (paper) ☐ ZIP disk ☐ 3.5 inch disk ☐ Tape _____
Data Format: ☐ ASCII-text (CSV) ☐ DBF format ☐ Spreadsheet ☐ Other _____

I understand that Vital Statistics data provided by the Center for Health and Environmental Statistics will not be used in any manner that will disclose or cause to be disclosed information that identifies individuals; including but not limited to the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or to sell, give or otherwise make available to any person any list of names or addresses. I understand Vital Statistics data cannot be used to contact individuals or physicians named in records for any follow-up research studies. I understand that such disclosure would be a violation of K.S.A. 65-2422d and may subject me to a \$100 fine and denial of all future data requests. A list of Vital Statistics data products and the data disclosure policy is available on request or at <http://www.kdhe.state.ks.us/hci/data.html>.

Requester _____ Date _____ Department Head _____ Date _____

CENTER FOR HEALTH AND ENVIRONMENTAL STATISTICS USE ONLY

Tracking Number _____

Fee charged: _____

Date request received: _____
(Date) (Staff Initials)

Date request fulfilled: _____
(Date) (Staff Initials)

Request Approved/Denied by OHCI _____
(Date) (Initials)

Request Approved/Denied by CHES _____
(Date) (Initials)

Check one: ☐ Provided as requested ☐ Request modified

Explain: _____